

Appendix A. Governor's Executive Order

AN ORDER ESTABLISHING THE ADVISORY COUNCIL FOR THE REORGANIZATION AND UNIFICATION OF THE DEPARTMENT OF HUMAN SERVICES AND THE DEPARTMENT OF BEHAVIORAL AND DEVELOPMENTAL SERVICES

WHEREAS, clients of the human services agencies of the State of Maine deserve effective care and assistance; and

WHEREAS, the taxpayers of the State expect their government to operate efficiently and to have mechanisms in place to ensure accountability for the monies that fund human services; and

WHEREAS, the Department of Human Services and Department of Behavioral and Developmental Services ("Departments") have similar missions and furnish services to adults and children who face life-obstacles due to illness, disability, age, income, language or cultural issues, substance abuse, family dysfunction, domestic or sexual abuse, or other life circumstances; and

WHEREAS, the programmatic overlap of the Department of Human Services and the Department of Behavioral and Developmental Services results in administrative duplication that yields additional expense; and

WHEREAS, the Departments use similar funding sources and service providers; and

WHEREAS, duplicative and conflicting administrative requirements are placed on service providers by the Departments, resulting in unnecessary expense:

NOW, THEREFORE, I, John E. Baldacci, Governor of the State of Maine, do hereby order the establishment of the ADVISORY COUNCIL FOR THE REORGANIZATION AND UNIFICATION OF THE DEPARTMENT OF HUMAN SERVICES AND THE DEPARTMENT OF BEHAVIORAL AND DEVELOPMENTAL SERVICES (hereinafter "Council").

Purpose and Duties

By 5 January 2004 the Council shall prepare a recommendation to the Governor and Legislature that provides for the unification of the Departments within a two-year period. The unification will:

- Improve service for consumers through easy access and better coordination;
- Reduce administrative costs;
- Improve fiscal and program accountability;
- Reduce duplicative administrative burdens affecting community providers;
- Develop a long-term, systems approach to service delivery;
- Improve internal and external communication;
- Increase revenue from federal and private sources through stronger partnerships with community organizations and other state agencies;
- Implement conflict resolution and problem-solving alternatives; and
- Foster a culture of respect for consumers and partnering organizations.

To accomplish those ends, the Council shall:

- Seek stakeholder and consumer input through meetings, forums, and written and electronic correspondence and contact;
- Report to the Governor and Legislature regarding progress and issues;
- Provide public information about the process;
- Advise and work with the Governor's Office of Health Policy and Finance regarding how health care issues can best be addressed;
- Ensure that departmental staff have opportunity for input and are apprised of progress; and
- Use prior research conducted both in Maine and nationally.

Organization of the Council

The Council shall be composed of no more than twelve (12) gubernatorially-appointed members, who will be appointed by, and serve at the pleasure of, the Governor and will hail from a broad spectrum of backgrounds in the private and public sector. The gubernatorially-appointed members will have the expertise to meaningfully contribute to the merger effort.

From the gubernatorially-appointed members, the Governor shall appoint a Chair of the Council, who will serve as Chair at the pleasure of the Governor. The Chair shall preside at, set the agenda for, and schedule Council meetings. Furthermore, the Chair shall ensure that relevant groups are engaged in the unification effort, that Council activities are organized to achieve objectives by designated dates, that the Governor, Legislature, general public, and Departments are informed of the progress of the merger, and that appropriate information is collected and analyzed to assist the Council in making an informed recommendation.

In addition to the members appointed to the Council by the Governor, the President of the Senate and the Speaker of the House will be invited—but not be obligated—to appoint two Council members each. Further, the Commissioners of the

Department of Human Services, the Department of Behavioral and Development Services, and the Department of Administrative and Financial Services, and the Attorney General, will serve as *ex officio* members of the Council.

The Council shall convene no fewer times than one time a month. All meetings will be open to the public.

With the approval of the Office of the Governor, the Council may accept staffing and other administrative support to carry out its duties.

Members of the Council shall serve without compensation for their work on the Council, unless authorization by the Legislature is given.

The Council, and the authority of this Executive Order, shall dissolve once its recommendations have been submitted to and accepted by the Governor.

Resources and Support

The Council will engage staff from the respective Departments, as needed to fulfill the Council's mission. Additional staffing, if necessary, will be coordinated by the Executive Department.

Effective Date

The effective date of this Executive Order is 13 May 2003.

John E. Baldacci, Governor

Appendix B. Participants

Members of the Advisory Council

- Valerie Landry of Old Orchard Beach (Chair)
- Richard Batt of Wilton – Franklin Community Health Network
- Meg Baxter of Portland – United Way of Greater Portland
- Sabra Burdick, Acting Commissioner, Department of Behavioral and Developmental Services, ex-officio
- Barbara Crider of Bangor
- Patrick Ende of Augusta – Maine Equal Justice Partners
- David Flanagan of Manchester
- Doris A. Harnett, Assistant Attorney General
- Rep. Tom Kane of Saco, Legislative Appointee
- Rep. Julie O'Brien of Augusta, Legislative Appointee
- Michael Pearson of West Enfield
- Cheryl Rust of Wiscasset
- Kris Sahonchik, Muskie School, Legislative Appointee
- Paul Saucier of Brunswick – University of Southern Maine Muskie School of Public Policy
- Peter Walsh, Acting Commissioner, Department of Human Services, ex-officio
- Sen. Carol Weston of Montville. Legislative Appointee
- Rebecca Wyke, Commissioner of Administrative and Financial Services, ex-officio

Senior Staff participants

Department of Human Services:

- | | |
|-------------------------|-----------------------|
| • Newell Augur | • Barbara Van BURGEL |
| • James Bivins | • Karen Westburg |
| • Christine Gianopoulos | • Judy Williams |
| • Dora Mills | • Gail Yeaton |
| • Rudy Naples | • Chris Zukas-Lessard |

Department of Behavioral and Developmental Services

- Jane Gallivan
- Geoff Green
- Brenda Harvey
- Kim Johnson
- Jamie Morrill
- Peter O'Donnell
- Holly Stover

Subcommittee Members

Adult Services Subcommittee

<i>First Name</i>	<i>Last Name</i>	<i>Representing</i>
Patrick	Ende, <i>Chair</i>	Maine Equal Justice Partners
Richard	Brown	Charlotte White Center
Bonnie Jean	Brooks	OHI of Maine
Katherine	Carter	Community Health and Counseling Services
Rebecca	Colwell	Healthreach Network
Roberta	Downey	Eastern Agency on Aging
John	Edwards	Washington County Psychotherapy Associates
Rick	Erb	Maine Health Care Association
Maureen	Flagg	Spruce Run
Fenwick	Fowler	Western Maine Community Action
Cynthia	Freeman-Cyr	Womancare
Jason	Goodrich	Department of Behavioral & Developmental Services
Christine	Gianopoulos	Department of Human Services
Debbie	Gilmer	Coordinator for Community Services/Univ. of Maine
Bill	Hager	Child Care Services of York County
Christine	Hastedt	Maine Equal Justice Partners
Jan	Hofmann	Administrative Assistant for Team
Kim	Moody	Disability Rights Center
Peter	O'Donnell	Department of Behavioral & Developmental Services
Frank	O'Hara	Facilitator
Kathryn	Pears	Maine Alzheimer's Association
Melissa	Pendleton	Maine Coalition Against Sexual Assault
Wendy	Rose	Women, Work and Community
Susan	Rovillard	Home Resources of Maine, Inc.
Connie	Sandstrom	Aroostook County Action Program
James	Schmidt	Employment and Vocational Advocate
Harold	Siefken	Group Home Foundation, Inc.
Barbara	Van Burgel	Department of Human Services
Hank	Warren *	AARP Maine
Eileen	Wilkins	Consumer Advocate
Judy	Williams	Department of Human Services

Children's Services Subcommittee

<i>First Name</i>	<i>Last Name</i>	<i>Representing</i>
Julie	O'Brien, <i>Co-Chair</i>	Children's Discovery Museum/ Representative
Cheryl	Rust, <i>Co-Chair</i>	Small Business Owner
Connie	Allen	Advocate for Foster Children
Shannon	Bonsey	Penquis CAP
Roger	Brodeur	MSEA, Maine Caring Families
Mary	Callahan	Foster Parent
Jack	Comart	Pine Tree Legal Assistance, Inc.
G. Dean	Crocker	Maine Children's Alliance
Gregg	Dowty	Goodwill-Hinkley Homes for Boys and Girls
Richard	Farnsworth	Woodfords Family Services
Susan	Hancock	Catholic Charities of Maine
Lucky	Hollander	Youth Alternatives
Bette	Hoxie	Adoptive and Foster Families of Maine
Peter	Kowalski	John F. Murphy Homes

<i>First Name</i>	<i>Last Name</i>	<i>Representing</i>
Jeanie	Mills	Child and Family Opportunities, Inc.
Michael	Pearson	Council Member
Judy	Powers	Mid Coast Children's Services
Lawrence	Ricci	University of Vermont College of Medicine
Kim	Roberts	Maine Coalition to End Domestic Violence
Jack	Rosser	Spurwink Institute
Kris	Sahonchik	Insitute for Child and Family Policy, Muskie
Susan	Savell	Communities for Children
Kryse	Skye	Foster Parent
Donna	Strickler	Silent No More
Anita	St. Onge	Muskie School of Public Service
Holly	Stover	Department of Behavioral & Developmental Services
Carol	Tiernan	GEAR
Meredith	Tipton	University of New England College
Lindsey	Tweed	Anchor Program; Maine Medical Center
Jane	Weil	Early Intervention Coalition
Karen	Westburg	Department of Human Services
Susan	Young	Foster/Adoptive Parent

Consumer Affairs

Sub Committee

<i>First Name</i>	<i>Last Name</i>	<i>Representing</i>
Paul	Saucier, <i>Chair</i>	Muskie School of Public Service
Pam	Allen	Seniors Plus
Laura	Antranigian	Speaking Up for Us
Thomas	Bartell	People's Regional Opportunity Program
Ann	Conway, Ph.D.	Maine Turning Point Project Director
Melinda	Davis	Advocacy Initiative Network of Maine, Inc.
Tom	Davis	Sebasticook Farms
Peter	Driscoll	Amistad
Mary	Edgerton	Maine Center on Deafness
Thomas	Field	Disability Rights Center
Brenda	Gallant	Long Term Care Ombudsman Program
Lisa	Harvey-McPherson	Eastern Maine Healthcare
Stephen	Jennings	AARP
Lenard	Kaye	UMaine Center on Aging
Natalie	Morse	Maine Public Health Assoc.
Charles	Newton	Penquis C.A.P., Inc.
Tracy	Quadro Walk	Community Mediation Services
Peggy	Rice	MSEU/Dept. of Behavioral and Developmental Services
Stephen	Richard	Opportunity Training Center
Bobbi Jo	Yeager	United Cerebral Palsy of Maine

Executive Planning Subcommittee

<i>First Name</i>	<i>Last Name</i>	<i>Representing</i>
Meg	Baxter, <i>Co-Chair</i>	United Way of Greater Portland
David	Flanagan, <i>Co-Chair</i>	
Rebecca	Wyke, <i>Co-Chair</i>	Department of Administrative & Financial Services
Kevin	Baack	Goodwill Industries of Northern New England
Maureen	Dawson	Shalom House Inc.
Mary	Callahan	SMMC, Cardiopulmonary Dept.

<i>First Name</i>	<i>Last Name</i>	<i>Representing</i>
Kimm	Collins, MSW	NASW - Maine Chapter
Anthony	Forgione	City of Portland
Geoff	Green	Department of Behavioral and Developmental Services
Jessica	Harnar	Coastal Economic Development Corp.
R. Scott	Hawkins	Catholic Charities Maine
John	LaCasse, Eng.Sc.D.	Medical Care Development, Inc.
Edward	McGeachey	The Spurwink School
Peter	Mcpherson	The Spurwink School
Edward	Miller	American Lung Association of Maine
Jack	Nicholas	Catholic Charities Maine
Carl	Pendleton	Sweetser
Susan	Percy	Creative Work Systems
Daniel	Reardon	Board of Visitors, Longcreek
Bradley	Ronco	Department of Human Services
Catherine	Saltz, MBA, CPA	
Ron	Welch	Maine Association of Mental Health Services
Carol	Weston	State Senator

Health Services Subcommittee

<i>First Name</i>	<i>Last Name</i>	<i>Representing</i>
Richard	Batt, <i>Chair</i>	Franklin Memorial Hospital
Richard	Balser	Spring Harbor Hospital
Karen	Bell, MD, MMS	
Leah	Binder	Franklin Community Health Network
Patricia	Conner LCPC, LADC	
Joseph	Curll	
James	Harnar	Maine Health Information Center
Dennis	King	Spring Harbor Hospital
Lisa	Letourneau	MaineHealth
Donald	McDowell	Maine Medical Center
Mary	McPherson	Maine Equal Justice
Lisa	Miller	Bingham Program
Nathan	Nickerson	Portland Public Health
Sylvia	Perry	
Randy	Schwartz	American Cancer Society
Shawn	Seeley	Bureau of Health, Division of Health Engineering
Elizabeth	Ward Saxl	Maine Coalition Against Sexual Assault
David	Winslow	Maine Hospital Association

Point of Entry Subcommittee

<i>First Name</i>	<i>Last Name</i>	<i>Representing</i>
Barbara	Crider, <i>Co-Chair</i>	Council
Tom	Kane, <i>Co-Chair</i>	Representative, Council Member
Helen	Bailey	Disability Rights Center
Lance	Boucher	Governor's Office
Carol	Carothers	NAMI Maine
Jerry	Cayer	City of Portland
David	Faulkner	Day One
Laurie	Fogelman	The Next Step Domestic Violence Project
Craig	Freshley	Facilitator
Connie	Garber	YCCAC

<i>First Name</i>	<i>Last Name</i>	<i>Representing</i>
Donald	Gean	York County Shelters
Elinor	Goldberg	Maine Children's Alliance
Laurence	Gross	Area Agency on Aging
Don	Harden	Catholic Charities Maine
Brenda	Harvey	Department of Behavioral and Developmental Services
Charly	Haversat	Parent
Richard	Karges	Crisis & Counseling Centers, Inc.
Nancy	Kelleher	Sweetser
Charlene	Kinnelly	Uplift, Inc.
Jane	Morrison	Ingraham Volunteers
Trish	Niedorowski	Wings
Ginette	Rivard	Maine State Employees' Association
Kathy	Walker	Rape Response Services
Richard	Weiss, Ph.D.	Motivational Services, Inc.
Gail A.	Yeaton	Department of Human Services

Administrative Assistants to the Subcommittees:

- Kathy Harvey, BDS (Executive Subcommittee)
- Jan Hoffmann, BDS (Adults Subcommittee)
- Elaine Lovejoy, DHS (Health Subcommittee)
- Mandy Milligan, DHS (Consumers Subcommittee)
- Jennifer Sanborn, BDS (Children's Subcommittee)
- Norma Tunks, DHS (Point of Entry Subcommittee)

Groups and Individuals making presentations to the Merger Council:

June 2003: Presentation about DHS services from Peter Walsh; Chris Beerits; Michael Norton; Christine Gianopoulos; Dora Mills; Judy Williams; Christine Zukas-Lessard; David Winslow (who was then an employee of DHS but later participated on the Health Subcommittee as an employee of the Maine Hospital Association). Sabra Burdick presented BDS services to the Council, along with Brenda Harvey, Jamie Morrill, Geoff Green and other staff.

July 2003: Karen Westburg briefed the Council on child welfare reform steps taken to date and future plans. Dori Harnett and Pat Ende presented information about consent decree and settlement agreements relevant to BDS/DHS/restructuring.

August 2003: Presentation about the PriceWaterhouseCoopers audit of DHS by Rudy Naples. Presentation by Mary Callahan, foster mother, nurse, activist and author of “Memoirs of a Baby Stealer - Lessons I’ve Learned as a Foster Mother”

September 2003: Presentation from Charley Haversat, Dean Crocker, and Ellie Goldberg of Children’s Alliance and Ron Welch of Maine Mental Health Association.

October 2003: Subcommittee Chairs presented findings from their respective series of meetings.

November 2003: Subcommittees presented final reports.

December 2003: Subcommittee Chairs reviewed final draft list of recommendations.

In addition, each Subcommittee received formal presentations on a wide variety of topics and issues.

Appendix C. Facilities

Department of Human Services locations

Central Administrative Offices:

- 221 State St., Augusta (Commissioners Office, Admin Offices, Bureau of Children & Family Services, Health Lab)
- 442 Civic Center Dr., Augusta (Bureau of Elder and Adult Services; Bureau of Medical Services)
- 286 Water St., Augusta (Bureau of Health)
- 11 Whitten Rd, Augusta (Bureau of Family Independence)

Region I locations: (York & Cumberland Counties)

- 161 Marginal Way, Portland
- 208 Graham St., Biddeford
- 890 Main St., Sanford

Region II locations: (Franklin, Somerset, Oxford, Androscoggin, Kennebec, Sagadahoc, Lincoln, Waldo, and Knox Counties)

- 35 Anthony Ave., Augusta
- 114 Corn Shop St., Farmington
- 200 Main St., Lewiston
- 360 Old County Road, Rockland
- 98 North Ave., Skowhegan
- 237 Main St., South Paris
- 74 Drummond St., Waterville
- 34 Wing Farm, Bath
- 9 Field St., Belfast

Region III locations: (Aroostook, Piscataquis, Penobscot, Washington, and Hancock Counties)

- 17 Eastward St., Ellsworth
- 396 Griffin Road, Bangor
- 392 South St., Calais
- 14 Access Road, Caribou
- 137 Market St., Ft. Kent
- 11 High St., Houlton
- 13 Prescott Dr., Machias
- Summer St., Dover-Foxcroft

Department of Behavioral and Developmental Services Locations

Central Administrative Offices:

- Marquardt Building, AMHI Campus, Augusta (Commissioner's Office, Main Admin. Offices, Program Management Offices)

Region I location (Cumberland; York):

- 175 Lancaster St., Portland

Region II locations (Franklin; Kennebec; Androscoggin; Knox; Lincoln; Oxford; Somerset; Waldo; Sagadahoc):

- Greenlaw Bldg, AMHI Campus, Augusta
- 15 Mollison Way, Lewiston
- 212B New County Rd, Thomaston

Region III locations (Aroostook; Hancock; Penobscot; Piscataquis; Washington):

- 176 Hogan Rd, Bangor
- 642 Maine St, Presque Isle
- 139 Market St., Ft. Kent
- 2 Maine St., Van Buren
- 2 Water St., Houlton
- 15 Prescott Drive, Machias

Institutions/ State Hospitals/ Other Facilities:

- Augusta Mental Health Institute (Riverview Psychiatric Center), 67 Independence Drive, Augusta
- Bangor Mental Health Institute, 656 State St., Bangor
- Elizabeth Levinson Center, 159 Hogan Road, Bangor
- Freeport Towne Square, 178 Lower Main St., Freeport

Appendix D. Staff Questions

Staff Questions

The following questions were collected from staff through the Council process and are representative of the many questions and comments submitted. They are presented as a snapshot of the range of issues and concerns that must be addressed during implementation, and to reinforce the need for a formal process of staff involvement as the merger planning process is undertaken. The questions are roughly grouped by category, and are not presented in any order of priority.

Employment issues

1. Will the restructuring result in loss of jobs?
2. Will attention be given to wage disparity issues?
3. Will the dress code at BDS have to conform to that at DHS or the reverse?
4. How will differences in personnel policies be resolved?
5. Will staff be relocated?
6. How will front line staff have input into merger process?
7. How will the unions be involved in the process?

Administration & Operations

8. How many regions will there be?
9. Will Aroostook County have its own region?
10. How will regional differences in terms of function between the two agencies be resolved?
11. Contract managers are in the regions in BDS, will this change?
12. Will there be a comprehensive review of regulations to accomplish goals?
13. What information technology systems will be used?
14. Pressure on mid-management isn't always recognized, how will this change?
15. Support staff have been reduced. This creates more of a burden on case managers and other staff, and reduces productivity. Will this change?
16. There are not enough staff to do the jobs now, how will restructuring make a difference?
17. Administrative clerks are deployed differently by the two agencies. Will they have an opportunity for input before final decisions are made?
18. The facilities have differing levels of security. How will these differences be resolved?
19. Will data be analyzed e.g., What is collected? Why do we need it? Who needs it? How is it being used? How does the data contribute to performance measurement?

Program

20. Will MH/MR Children's Services lose funding as a result of being joined with DHS?
21. Will consumers be afraid to seek services because they are afraid that their children will be taken away?
22. How will mental health services for refugees be accommodated?
23. Caseworkers are overwhelmed by data entry, how will this change?
24. Can the data systems become more portable?
25. Can more emphasis be placed on early intervention?
26. How will voluntary and involuntary services be delineated?
27. How will consolidation of licensing make things better?
28. Bureau of Family Independence staff are already busy. How will they play a role in providing financial screening for all programs?
29. Managers need to take into account geographical diversity issues when making decisions. One size doesn't fit all.
30. Will there be a public relations campaign to change the image of the system?

Appendix E. Experience of other states

In February of 2003, the Maine Children’s Cabinet prepared a report that looked at other states in regard to their experience with merging health and human service agencies. The research for the report, **“Reorganization of State Agencies Serving Youth and Families: A Response from Selected States”** was conducted by Michael Newsom, an Intern at the Muskie School of Public Service, with support from Lauren Sterling of Maine’s Children’s Cabinet.

In addition the Children’s Cabinet staff contacted the American Public Human Services Association (APHSA) to solicit their input on this topic, as well as to secure a list of other states that they believed could provide helpful insights. Out of this process fifteen states were identified. They include:

- Colorado
- Connecticut
- Delaware
- Florida
- Idaho
- Michigan
- Montana
- New Hampshire
- New York
- North Dakota
- Rhode Island
- Tennessee
- Utah
- Texas
- Vermont

The following is a summary of key findings and trends identified from the interviews. For a detailed review of the interview questions and state responses, see the full Report listed on the Merger Council’s website (go to the Governors Office Home page and click on “Advisory Council for the Reorganization and Unification of the Department of Human Services and the Department of Behavioral and Developmental Services”).

- There is great variety in how youth and family services are organized in state governments around the country. Some states have a Department of Children, some have a mega-agency of human services with a division of children, some have a mega-agency of human services but no division of children, and some have separate social service agencies each providing separate services to children and families.
- No one state could be identified that incorporated all of the integrated services and “no wrong door” delivery system that is envisioned for Maine. There are a few large County Government Human Services agencies that are attempting to incorporate all of the “one-stop/no wrong door” elements;
- In general, state officials felt that their current structure was by and large successful.

- Most states identified service integration as a key issue for youth and family services.
- Success at reorganization or other organizational change was linked to a few key characteristics: sufficient planning in advance, attention paid to merging cultures while allowing for differences, and new management systems to foster street-level changes.
- Reorganization, where it had happened, was just a first step, and an expensive one, in fostering desired changes.
- Reorganization itself has not led to reduced costs, particularly in the short term. Cutting positions and money in the name of consolidation can lead to a reduced capacity to provide services.
- Successful planning was conducted by a lead planning group (like the Maine Merger Council). These groups included both state agencies and community stakeholders.
- Cultural changes among merged Departments is seen as the most challenging area.
- New management systems involved changing formal reporting relationships, regrouping individuals, and designing communication, coordinating, and integrative systems throughout the new organization. Blending all the federal funding streams into new forms of service delivery involve a high level of skill among budget staffers, who must in essence prepare two budgets – one for moneys in, another for moneys out. A part of this effort is the maximization of federal funding streams and the creative use of matching dollars.
- Umbrella structures were said to have the potential for policy development across categorical funding streams;
 - Specific benefits - creation of agency advocates who spoke directly for children's issues and the improvements in service delivery that have come out of reorganization;
 - Specific weaknesses - the increased challenge of changing a vast bureaucracy and the provision of a clear target (because of size and singularity) for public and political criticism leading at times to funding cuts (or threats of funding cuts) for the non-court mandated programs.
- Effective leadership during reorganization involves creating and communicating a vision of what is to come and a rationale for the extra effort of reorganizing.
- Given the need for legislative action, a broad coalition must be formed to champion the reorganization. An executive team or management team must shepherd the process.
- Interim arrangements are necessary, and lots of work must be accomplished by low- and mid-level interagency management.
- Mergers have led to improvements in service delivery by simplifying access points.

Betsy Rosenbaum and Susan Christie of American Public Human Services Association (APHSA) see a lot of potential in a merger of the kind proposed in Maine. However, they felt that the jury was still out about the success of reorganization efforts across the country. APHSA staff suggested that structural reorganization and service integration is

not the same thing, and in fact reorganization could drain resources from attempts at service integration. That said, APHSA also stated that service integration had clear positive outcomes for clients. Where technological advances made possible just one record for the family within the organization, this made service integration easier to achieve, and in the long run provided administrative savings. Typically, organizations did not realize actual savings but did realize improved efficiency by being able to provide more services for the same dollars.

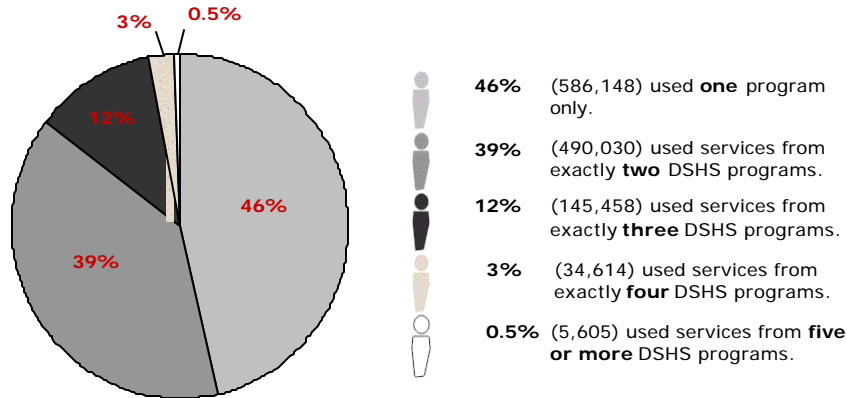
In addition to the “Reorganization of State Agencies Serving Youth and Families: A Response from Selected States,” the Council also reviewed information from other reports, such as: The Arkansas Restructuring Commission; Regional Reorganization Principles for Orange County; Allegheny County, PA – Dept of Human Services Plan; and the Vermont Restructuring Initiative 2003.

A final note regarding the importance of accurate and useful program/client data:

The combination of different social and health programs and services posed a significant challenge to all the states reviewed. Differences in program/client definition, units of measurement, and diverging state and federal reporting requirements often results in a jumble of program and client data that can be confusing to seasoned officials and legislators as well as the casual public observer. One agency that seemed to have a good handle on the data management issues was the Department of Social and Human Services (DSHS) in Washington State.

The data displayed below comes from the Washington DSHS website. The DSHS is able to effectively display client service levels by age and other demographic slices, but also they are capable of displaying multiple layers of program and service data that allows program managers and the public to easily see how many clients are using multiple services and where those critical program overlap points occur. Maine should consider consulting with officials from Washington State when beginning the task of integrating the client and program databases.

More than half of DSHS' 1.26 million clients use more than one type of service during a year (Pie Chart FY99 Clients by Number of Programs)



Source: RDA - FY 99, Client Services Database



Research and Data Analysis Division
Telephone: (360) 902-0707

How many people used each possible pair of DSHS programs?
(Matrix of shared clients in FY99)

	AASA	CA	DASA	DDD	DVR	ESA	JRA	MAA	MHD
Aging and Adult Services Administration (AASA)		687 0%	583 1%	1,652 5%	855 4%	22,222 3%	2 0%	52,806 6%	9,788 9%
Division of Children and Family Services (CA)	687 1%		10,157 18%	3,787 12%	1,342 6%	84,557 12%	767 18%	104,172 11%	19,313 18%
Division of Alcohol and Substance Abuse (DASA)	583 1%	10,157 5%		202 1%	1,919 8%	30,101 4%	683 16%	32,704 3%	10,518 10%
Division of Developmental Disabilities (DDD)	1,652 3%	3,787 2%	202 0%		2,369 10%	16,704 2%	27 1%	23,072 2%	3,699 3%
Division of Vocational Rehabilitation (DVR)	855 1%	1,342 1%	1,919 3%	2,369 7%		13,591 2%	16 0%	13,460 1%	5,291 5%
Economic Services Administration (ESA)	22,222 39%	84,557 38%	30,101 54%	16,704 53%	13,591 57%		895 21%	579,701 61%	62,469 57%
Juvenile Rehabilitation Administration (JRA)	2 0%	767 0%	683 1%	27 0%	16 0%	895 0%		1,556 0%	511 0%
Medical Assistance Administration (MAA)	52,806 92%	104,172 47%	32,704 59%	23,072 73%	13,460 57%	579,701 82%	1,556 36%		79,886 73%
Mental Health Division (MHD)	9,788 17%	19,313 9%	10,518 19%	3,699 12%	5,291 22%	62,469 9%	511 12%	79,886 8%	
One Program Only	4,053 7%	107,382 48%	17,249 31%	7,546 24%	7,734 33%	117,699 17%	2,414 56%	298,473 31%	23,598 22%
Total	57,340	221,694	55,425	31,587	23,712	710,781	4,330	955,660	108,911

How to read the table: Each cell shows the number of clients who received services from pairs of programs in FY99. For example 687 of the clients of Aging and Adult Services also received service from the Children's Administration. This was about 1 percent of the 57,340 clients of Aging and Adult Services. Since persons receive services from several programs, they may be counted in more than one cell on the table. Therefore the numbers from the cells in the column for Aging and Adult Services will add up to a number larger than the "unduplicated" total of 57,350 Aging and Adult Services clients.



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